Meniscus Repair

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ORTHOPAEDIC SURGERY & SPORTS MEDICINE

Surgical Locations:

HSS Main Campus - Main Hospital
535 East 70th Street
New York, NY 10021

HSS ASC of Manhattan
1233 2nd Avenue (bwt. 64th and 65th St.)
New York, NY 10065

HSS Orthopaedics at Stamford Hospital
Tully Health Center
32 Strawberry Hill Ct
Stamford, CT 06902

Basic Information

- Menisci are C shaped disks of cartilage within the knee that provide protection for the articular cartilage which covers the bones
- Act as shock absorbers within the knee
- Two menisci
  - Medial: along the inner portion of the knee
  - Lateral: along the outer portion of the knee
- Have limited blood supply only to the outer edge of the meniscus
  - Tears in this area or the “red zone” can heal with repair
  - Tears in the area

Symptoms

- Patients commonly hear a “pop or snap” in the knee at the time of the injury
- Frequently associated with immediate pain and swelling
- Pain is usually worst with deep flexion of the knee or twisting/pivoting movements
- If there is a displaced piece of meniscus, you may feel clicking, locking or catching in the knee. This can even cause people to be unable to fully bend or straighten the knee

Treatment Options

- **Conservative vs Surgical**
  - **Conservative**
    - Most meniscus tears do not heal on their own
    - However, they can become asymptomatic if they are small and non-displaced
    - Conservative treatment would include anti-inflammatories for pain and PT to strengthen the muscles surrounding the knee
  - **Surgical**
    - Recommended for athletes and young patients who have good blood supply and good chance at healing
    - Useful in preventing further damage to the meniscus and cartilage

Risks of Surgery

- **Blood loss**
  - Low risk of bleeding with this surgery
  - We do obtain consent for a blood transfusion if bleeding was to occur
- **Infection**
  - Very low risk at HSS: We take extra caution to irrigate the knee and do every portion of the surgery under sterile conditions
  - If infection does occur, likely requires further surgery and IV antibiotics
- **Risk of worsening arthritis**
  - If the repair does not heal, may require future surgery to either attempt re-repair or take out the piece of meniscus that is torn

Surgical Details

- **Pre-Operatively**
  - If you are over 40 years of age or have any significant medical problems, you will require basic lab work and a clearance from your primary care doctor
- **Day of Surgery**
  - You will meet with Dr. McCarthy and the anesthesiologist to discuss the surgery and answer any questions
  - Anesthesia will likely involve a spinal injection to numb the legs and sleeping medicine
  - Most patients do not require general anesthesia so they will be breathing on their own during surgery
  - Surgery takes roughly 1 hr

- You will wake up in the recovery room in a locked knee brace
- Most patients will go home following the surgery once they have sensation, have met with the therapist and are able to go to the bathroom
- Medications: narcotic pain medication, anti-inflammatories, aspirin, nausea medication

Surgical Recovery

- Walk with crutches and the knee brace locked in extension right away
  - Weight bearing will be limited initially. Limitations will be explained to you following the surgery
- Follow up 2 wks after surgery for removal of suture and to discuss the surgery/view images
- Brace
  - Have to wear brace when walking and when sleeping
  - May unlock the brace once quadriceps strength is sufficient
  - Discuss discontinuing the brace at the 6 wk visit with Dr. McCarthy depending on your progression
- Crutches
  - Amount of time with crutches is determined on a patient by patient basis depending on the size of tear, type of repair etc.
  - May discontinue once the brace is unlocked and you are walking normally

General progression guidelines

- **6 weeks**
  - Walking normally without the brace
- **3-4 months**
  - Begin running progression
- **6 months**
  - Begin agility, side to side movement, jumping/landing, sport specific activities

NOTES